USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

			RT CASE NUMBER v343 — 2	
			OF PROCESS nons, order, complaint, amd cmp.	
PALISADES COLLECTION, LLC, ET AL summ NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF				
4	Y, CORPORATION. ETC. TO SERVE OR DI	ESCRIPTION OF F	ROPERTY TO S	EIZE OR CONDEMN
SERVE Palisades Collection, LLC	N. G. G. IGIP G. I.			
AT ADDRESS (Street or RFD, Apartment				
210 Sylvan Avenue Englewo	od Cliffs, NJ 07632			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285		
David EMack 7720 McCallum Blvd #2099 Dallas, TX 75252		Number of pa served in this		- Tage
1	Check		vice	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVER			14 5. 7.
■ Complete items 1, 2, and 3. Also complete	A. Signature	<u>/</u>	Business and Alter	rnate Addresses,
item 4 if Restricted Delivery is desired.	x (induately	☐ Agent	,	Fold
Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C.	Date of Delivery	Ö	4 3 70
Attach this card to the back of the mailpiece,	Andrea Kelly	23//1 ==		
or on the front if space permits.	D. Is delivery address different from item 1?		**	
1. Article Addressed to:	If YES, enter delivery address below:	□ No -	Carrier and the second	99 5
Palisades Collection, LLC		 V1	BER	DATE
210 Sylvan Ave				
Englewood Cliffs, NJ 07632		100	***************************************	
	3. Şervice Type	, , , , , , , , , , , , , , , , , , ,	BELOW T	HIS LINE
	Certified Mail Express Mail	it	y or Clerk	Date /
	☐ Registered ☐ Return Receipt to ☐ Insured Mail ☐ C.O.D.	or Merchandise	VM	1 1/01
	4. Restricted Delivery? (Extra Fee)	☐ Yes =	714	6/11/
2. Article Number 7011 047	0 0002 7763 1341			ne process described dress inserted below.
PS Form 3811, February 2004 Domestic Ret	urn Receipt	102595-02-M-1540 _{tr}	ks below)	<u> </u>
Name and title of individual served (if not shown about	The state of the s		nerson of suitable	age and discretion
U.S. DISTRIC EASTERN DISTRI	ET COURT	the		ndant susual place
Address (complete only different than shown above)		Date	Ti	me J
AUG - 1	2019	1612	13/11	/ ao Tr
DAVID J. MALÆ BY	ND, CLERK	Signati	ure of U.S. Marsha	al or Deputy
DEPUTY	A.L. D		o I C Manalants	33
Service Fee Total Mileage Charges Forwarding Fe including endeavors)	e Total Charges Advance Deposits	(Amount of Re.	o U.S. Marshal* c fund*)	S
200	800		Social Social	
REMARKS: IFP Order			\$0.00	
Certified N	rail 7011 0470 00	07 7763	1341	
PRINT'S COPIES: 1. CLERK OF THE COURT 2. USMS RECORD			PRIOR EDIT	TIONS MAY BE USE

- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

Form USM-285 Rev. 12/15/80 Automated 01/00